

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	705205	2-10-00
O.I.P.E. CLASSIFIER		79	2-24-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	W.B.	705205	4-5

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/22/00
2	3/22/00
3	3/22/00
4	3/22/00
5	3/22/00
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8	3/22/00
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43	3/22/00
44	3/22/00
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49	3/22/00
50	3/22/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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